

## WHEELCHAIR EVALUATION

Resident's Name: Kemar Davy Location: Widows wife

Approx. age: 26

☒ Male / Female

Current Chair: \_\_\_\_\_

Reusable for another resident?

YES / NO SIZE \_\_\_\_\_

Self Propel? Yes / No

Foot / Hands

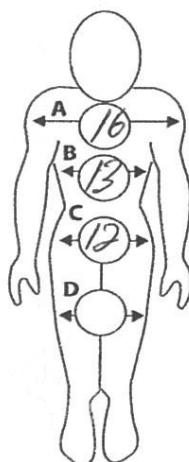
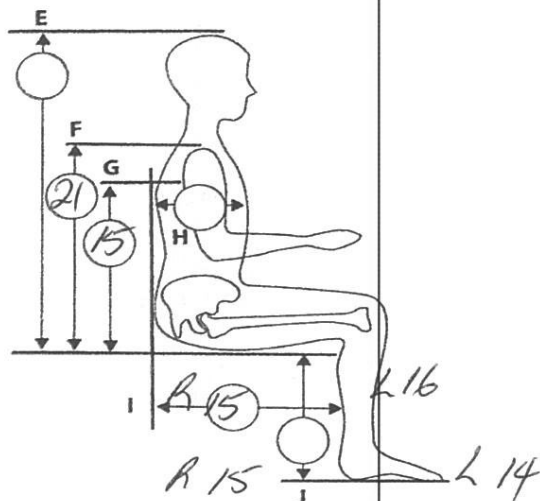
Pelvic Obliquity? Yes / No Low Side: RT / LEFT

- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Armpit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)



## Client Measurements

(write measurements inside of circle)



\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

need a transfer chair for  
transport.

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axion / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size: